

See Instructions and "Privacy
Statement On Reverse Side

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CLAIMANT'S NAME Alan Trounson		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION President	CB/ID No.	DIVISION or BUREAU			INDEX NUMBER
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9105
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	San Francisco,	CA	94107

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
8		San Francisco										19.69	19.69	
18	9:30	SF/LA											0.00	
20		LA/Ventura, CA			18.16				R			26.99	45.15	
21		Ventura, CA/LA/San Diego			10.00		52.00	T					62.00	
22		San Diego/LA/Ventura			6.84	36.58	42.00	T				5.00	90.42	
23		Ventura, CA											0.00	
24		Ventura, CA										5.00	5.00	
25	13:30	Ventura/Santa Barbara/SF		8.57	10.00		22.00	B					40.57	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			0.00	8.57	45.00	36.58	0.00	116.00		0.00	0	0.00	262.83	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

262.83

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

2/8/11 - Photo for Passport Renewal
2/18 - 2/25 - Presentations and attendance at Gordon Research and Genomics Conference.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.55

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT

DATE

04/20/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

4/20/11

(17) SPECIAL AGENT

TITLE (See Item 17 on reverse)